

 King County	Department of Adult and Juvenile Detention Adult Divisions General Policy Manual		
	Chapter 6 Classification		
6.02.001 - Housing Multidisciplinary Team (MDT)	Approved By:	Director Allen Nance	
	Effective Date:	September 24, 2025	
	Reviewed By:	PRC	
Distribution:		Review Date:	August 13, 2025

Purpose

To establish a Housing Multidisciplinary Team (MDT), comprised of a Sergeant, a Classification Specialist and a Jail Health Services Psychiatric Evaluation Specialist (JHS PES), that will regularly meet and review the housing and classification of residents who are in Restrictive Housing in order to reduce the use of Restrictive Housing, increase resident responsibility for reentry into general population, and encourage resident participation in work, education, treatment, and other evidence-based programs.

Policy

It is the policy of DAJD that residents shall be housed in the least restrictive setting possible that ensures a safe and secure facility.

References:

Department Forms: [Behavior Management Plan \(F-678\)](#)

[Restrictive Housing Appeal \(F-583\)](#)

Department Policies: [6.01.002, Classification Reviews](#)

[6.02.002, Resident Disciplinary System](#)

[6.03.001, Restrictive Housing](#)

[6.03.002, Restrictive Housing Contraindications](#)

Definitions

Housing Multidisciplinary Team (MDT): A team of representatives including a Corrections Sergeant, a Corrections Program Specialist (CPS) and a Psychiatric Evaluation Specialist (PES); and may include others as appropriate including Mentally Ill Offender (MIO) officers or unit officers, Registered Nurses (RNs), Psychiatric Providers and Release Planners.

Restrictive Housing (RH): A management routine and housing assignment separate from other residents. This placement and classification are a managerial (administrative) decision applied to a resident(s) whose continued presence in general population presents a serious threat to staff, self, other residents, or property excluding those in Medical, Constant Watch or Close Observation Psychiatric housing. All restrictive housing placements and routines are administrative, and a hearing is not required, except in the case of an infraction disciplinary hearing.

Behavior Management Plan: A plan developed by classification or the MDT based on the results of an individualized assessment that is tailored to meet the risk/needs of the specific resident. The Behavior Plan is geared towards creating clear expectations for how to return to general population.

JHS: Jail Health Services.

A. General Guidelines

1. A behavior management plan will be created for each resident upon initial placement into restrictive housing and the resident will be provided a copy of the behavior management plan.
2. The MDT will consider the best interest of the resident and facility in determining steps necessary to promote long term change of behavior intended to reduce time spent in RH, and in a successful transition to GP.
3. This policy does not apply to residents in Pre-Disciplinary or Disciplinary Restrictive Housing or those residents in Medical, Constant Watch or Psychiatric Close Observation housing.
4. Residents who are in RH for refusing placement may request to transfer to general population at any time by notifying the Unit Officer. The Unit Officer shall communicate the request to the floor CPS or MDT or the resident may send a kite to classification or the MDT team. The request will be reviewed during the next available MDT meeting.
5. In case a team member is absent, each member of the MDT team shall have a back-up staff member available to complete the MDT duties, as necessary.
6. The Director or their designee may suspend the MDT team at any time and redeploy the staff members based on the needs of the Department.

B. Procedure

1. Resident Reviews
 - a. Reviews may be conducted with the resident out-of-cell, in-cell, in the dayroom, face-to-face room, multi-purpose room, or any other location determined safe and secure by the MDT.
 - b. The reviews must include the reason(s) or incidents that resulted in RH placement with a focus on specific behavior expectations for the resident shared as well as custody/RH designation, transfers, removal from RH, programming expectations, resident needs/risk, and housing placement recommendations. Resident privileges shall also be reviewed and modified as recorded in the Behavior Management Plan.
 - c. Regular scheduled reviews will be held at minimum every 30 days through either the normal classification process or by the MDT.
 - d. Psychiatric Isolation RH residents will be reviewed within seven (7) days of the Isolation RH placement through either the normal classification process or by the MDT.
2. Psychiatric Housing
 - a. All newly booked residents that JHS assesses to psychiatric housing will default to group psychiatric housing, unless operations determines a more restrictive housing is warranted based on current behavior.
 - b. The Unit Officer may rack-back psychiatric group residents as needed for cool down periods for up to 2 hours. This may be extended to 4 hours with Sergeant approval.
 - c. Psychiatric residents who cannot be returned into a group setting after a cool down period may be reviewed by the MDT.

- d. Residents who are refusing transfer from North 7 (Close Observation Restrictions no checks) will be reviewed by the 7th floor CPS or the MDT for initial Max security (RH) placement.

C. MDT Responsibilities:

1. Determine whether a resident shall remain in RH, be removed from RH, or be transferred, and will review the following objective criteria, if available:
 - a. Behavior Management Plan development and modifications.
 - b. Behavior Management Plan activities.
 - c. Recent infractions and dates.
 - d. Number and severity of infractions, and nature of infractions resulting in previous RH or disciplinary segregation.
 - e. Previous RH assignments.
 - f. Level of cooperation with staff.
 - g. Voluntary program participation, including names and completion dates.
 - h. General adjustment in RH.
 - i. Documented affiliation with subversive and security threat groups.
 - j. Presence and/or extent of threat the resident poses to the safety of the facility, themselves, and/or others.
 - k. Keep separate from issues.
 - l. Information which contributed to the initial RH placement.
 - m. Resident comments.
 - n. Development of timelines and preparation strategies for entering program or treatment.
 - o. Program management level and date assigned.
 - p. Special housing placement (i.e., GTU or close-high), or other step-down housing (i.e., UA/LA).

1) MDT Sergeant shall:

- a) Review compliance with Behavior Plan;
- b) Identify security concerns;
- c) Coordinate movement of the residents to MDT reviews;
- d) Act as a liaison between MDT and operations;
- e) Update shift notes, as applicable;
- f) Complete and present written reports;
- g) Enter/Update Behavior Management Plan;
- h) Complete other duties as assigned.

2) Corrections Program Specialist shall:

- a) Provide pertinent information regarding:
 - 1) Previous housing
 - 2) Infractions
 - 3) General classification information
- b) Update JMS classification information;
- c) Act as a liaison between MDT and IMS;
- d) Complete and present written reports;
- e) Enter/update Behavior Management Plan;
- f) Complete RH authorization form;
- g) Participate in RH review;
- h) Maintain and update daily schedule;

- i) Complete other duties as assigned.

3) Psychiatric Evaluation Specialist (PES) Role:

- a) Conduct a review of the resident's Electronic Health Record (EHR).
- b) Provide information regarding the presence of any current serious mental health symptoms and associated functional impairment as it relates to the resident's behavior.
- c) Provide information regarding adherence with any prescribed medications and/or other forms of treatment as it relates to the resident's behavior.
- d) If available, discuss elements of a resident's historical risk (danger to self and/or others) based on available sources, including the resident's self-report.
- e) If available, provide information regarding a resident's potential signs of psychiatric decompensation (i.e., withdrawal, poor hygiene, and cell uncleanliness).
- f) Document summary and outcome of MDT in patients EHR.
- g) Complete other duties as assigned.

4) Division Major or Corrections Program Administrator shall:

- a) Review/respond to resident appeals related to MDT decisions;
- b) Provide a response within 5 days of receiving RH Appeal form.

5) Division Major shall:

- a) If necessary, will review and/or approve any RH placement longer than 180 days;
- b) Determine the resident placement/removal/transfer, if MDT cannot reach consensus.